

<i>SERFF Tracking Number:</i>	<i>HNVR-125812086</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Hanover American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$125</i>
<i>Company Tracking Number:</i>	<i>PR-CW-08522-01R</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors &amp; Omissions Liability</i>
<i>Product Name:</i>	<i>Professional Liability; Human Services</i>		
<i>Project Name/Number:</i>	<i>Professional Liability; Human Services/PR-CW-08522-01R</i>		

## Filing at a Glance

Companies: Hanover American Insurance Company, Massachusetts Bay Insurance Company, The Hanover Insurance Company

Product Name: Professional Liability; Human Services	SERFF Tr Num: HNVR-125812086	State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: EFT \$125
Sub-TOI: 17.0019 Professional Errors & Omissions Liability	Co Tr Num: PR-CW-08522-01R	State Status: Fees verified and received
Filing Type: Rate/Rule	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts
	Author: Ann-Marie Blute	Disposition Date: 09/23/2008
	Date Submitted: 09/11/2008	Disposition Status: Filed
Effective Date Requested (New): 10/11/2008		Effective Date (New):
Effective Date Requested (Renewal): 10/11/2008		Effective Date (Renewal):
State Filing Description:		

## General Information

Project Name: Professional Liability; Human Services	Status of Filing in Domicile:
Project Number: PR-CW-08522-01R	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/23/2008	
State Status Changed: 09/23/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Effective October 11, 2008, for both new and renewal policies, our companies wish to file the attached rates and rules for use with new endorsements in our Professional Liability Program. The filing will apply to both monoline and package policies. The corresponding forms have been filed on this same date under filing number PR-CW-08522-01F.

SERFF Tracking Number: HNVN-125812086 State: Arkansas  
First Filing Company: Hanover American Insurance Company, ... State Tracking Number: EFT \$125  
Company Tracking Number: PR-CW-08522-01R  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability  
Product Name: Professional Liability; Human Services  
Project Name/Number: Professional Liability; Human Services/PR-CW-08522-01R

Hanover Insurance Group, in an effort to further address the needs of our policyholders, has developed a variety of Professional Liability coverage endorsements to address the needs of Human Services organizations. Human Services agencies offer a wide range of services to families and individuals including: adoption services, developmental disabilities services, mental health services, community programs, and aging and youth services.

The following rate and rule exception page is enclosed for filing:

Division 6 - Exception Pages – Arkansas - Professional Liability - Company Additional Rules - Human Services Endorsements.

A Rate and Rule Explanatory Memorandum and the required transmittal documents are also attached.

Professional Liability written premium is unavailable; therefore, we have provided total General Liability written premium within the SERFF Rate/Rule Schedule tab.

If you should have any questions or require additional information, please do not hesitate to contact this office. Thank you for your time and attention to this matter.

## Company and Contact

### Filing Contact Information

Ann-Marie T. Blute, State Filings Consultant Ablute@hanover.com  
440 Lincoln Street (508) 855-3234 [Phone]  
Worcester, MA 01653 (508) 855-4786[FAX]

### Filing Company Information

Hanover American Insurance Company	CoCode: 36064	State of Domicile: New Hampshire
440 Lincoln Street	Group Code: 88	Company Type: Property & Casualty
Worcester, MA 01653	Group Name: The Hanover Ins Group	State ID Number:
(508) 855-1000 ext. [Phone]	FEIN Number: 04-3063898	

SERFF Tracking Number: HNVN-125812086 State: Arkansas  
First Filing Company: Hanover American Insurance Company, ... State Tracking Number: EFT \$125  
Company Tracking Number: PR-CW-08522-01R  
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Product Name: Professional Liability; Human Services  
Project Name/Number: Professional Liability; Human Services/PR-CW-08522-01R

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Massachusetts Bay Insurance Company CoCode: 22306 State of Domicile: New Hampshire  
440 Lincoln Street Group Code: 88 Company Type: Property & Casualty  
Worcester, MA 01653 Group Name: The Hanover Ins State ID Number:  
Group  
(508) 855-1000 ext. [Phone] FEIN Number: 04-2217600  
-----  
The Hanover Insurance Company CoCode: 22292 State of Domicile: New Hampshire  
440 Lincoln Street Group Code: 88 Company Type: Property & Casualty  
Worcester, MA 01653 Group Name: The Hanover Ins State ID Number:  
Group  
(508) 855-1000 ext. [Phone] FEIN Number: 13-5129825  
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SERFF Tracking Number: HNV-125812086 State: Arkansas  
First Filing Company: Hanover American Insurance Company, ... State Tracking Number: EFT \$125  
Company Tracking Number: PR-CW-08522-01R  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability  
Product Name: Professional Liability; Human Services  
Project Name/Number: Professional Liability; Human Services/PR-CW-08522-01R

## Filing Fees

Fee Required? Yes  
Fee Amount: \$125.00  
Retaliatory? No  
Fee Explanation: \$100 flat fee for rates + \$25 flat fee for rules = \$125.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hanover American Insurance Company	\$0.00	09/11/2008	
Massachusetts Bay Insurance Company	\$0.00	09/11/2008	
The Hanover Insurance Company	\$125.00	09/11/2008	22438264

*SERFF Tracking Number:*      *HNVR-125812086*      *State:*      *Arkansas*  
*First Filing Company:*      *Hanover American Insurance Company, ...*      *State Tracking Number:*      *EFT \$125*  
*Company Tracking Number:*      *PR-CW-08522-01R*  
*TOI:*      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*      *17.0019 Professional Errors & Omissions Liability*  
  
*Product Name:*      *Professional Liability; Human Services*  
*Project Name/Number:*      *Professional Liability; Human Services/PR-CW-08522-01R*

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed	Edith Roberts	09/23/2008	09/23/2008

<i>SERFF Tracking Number:</i>	<i>HNVR-125812086</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>PR-CW-08522-01R</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors &amp; Omissions Liability</i>
<i>Product Name:</i>	<i>Professional Liability; Human Services</i>		
<i>Project Name/Number:</i>	<i>Professional Liability; Human Services/PR-CW-08522-01R</i>		

## Disposition

Disposition Date: 09/23/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

<b>Company Name:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Premium:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>	<b>Overall % Indicated Change:</b>
Hanover American Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%
Massachusetts Bay Insurance Company	0.000%	\$0	0	\$34,602	0.000%	0.000%	0.000%
The Hanover Insurance Company	0.000%	\$0	0	\$29,839	0.000%	0.000%	0.000%

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing

0.000%

Overall Percentage Rate Impact For This Filing

0.000%

Effect of Rate Filing-Written Premium Change For This Program

\$0

<i>SERFF Tracking Number:</i>	<i>HNVR-125812086</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Hanover American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$125</i>
<i>Company Tracking Number:</i>	<i>PR-CW-08522-01R</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors &amp; Omissions Liability</i>
<i>Product Name:</i>	<i>Professional Liability; Human Services</i>		
<i>Project Name/Number:</i>	<i>Professional Liability; Human Services/PR-CW-08522-01R</i>		

**Effect of Rate Filing - Number of Policyholders Affected**

0





SERFF Tracking Number: HNVN-125812086 State: Arkansas

First Filing Company: Hanover American Insurance Company, ... State Tracking Number: EFT \$125

Company Tracking Number: PR-CW-08522-01R

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Product Name: Professional Liability; Human Services

Project Name/Number: Professional Liability; Human Services/PR-CW-08522-01R

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Rate Rule Explanatory Memorandum	Filed	Yes
Rate	Division 6 - Exception Pages - Arkansas - Professional Liability - Company Additional Rules - Human Services Endorsements	Filed	Yes

SERFF Tracking Number:	HNVR-125812086	State:	Arkansas
First Filing Company:	Hanover American Insurance Company, ...	State Tracking Number:	EFT \$125
Company Tracking Number:	PR-CW-08522-01R		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0019 Professional Errors & Omissions Liability
Product Name:	Professional Liability; Human Services		
Project Name/Number:	Professional Liability; Human Services/PR-CW-08522-01R		

## Rate Information

Rate data applies to filing.

### Filing Method:

### Rate Change Type:

Neutral

### Overall Percentage of Last Rate Revision:

Neutral

### Effective Date of Last Rate Revision:

### Filing Method of Last Filing:

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Hanover American Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%
Massachusetts Bay Insurance Company	0.000%	0.000%	\$0	0	\$34,602	0.000%	0.000%
The Hanover Insurance Company	0.000%	0.000%	\$0	0	\$29,839	0.000%	0.000%

## Overall Rate Information for Multiple Company Filings

### Overall % Rate Indicated:

0.000%

<i>SERFF Tracking Number:</i>	<i>HNVR-125812086</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Hanover American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$125</i>
<i>Company Tracking Number:</i>	<i>PR-CW-08522-01R</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors &amp; Omissions Liability</i>
<i>Product Name:</i>	<i>Professional Liability; Human Services</i>		
<i>Project Name/Number:</i>	<i>Professional Liability; Human Services/PR-CW-08522-01R</i>		

<b>Overall Percentage Rate Impact For This Filing:</b>	0.000%
<b>Effect of Rate Filing - Written Premium Change For This Program:</b>	\$0
<b>Effect of Rate Filing - Number of Policyholders Affected:</b>	0



SERFF Tracking Number: HNVR-125812086 State: Arkansas

First Filing Company: Hanover American Insurance Company, ... State Tracking Number: EFT \$125

Company Tracking Number: PR-CW-08522-01R

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Product Name: Professional Liability; Human Services

Project Name/Number: Professional Liability; Human Services/PR-CW-08522-01R

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Division 6 - Exception Pages - Arkansas - Professional Liability - Company Additional Rules - Human Services Endorsements	Page 1-2 Ed. 09 New 08		Human Services Professional rules page AR.pdf

PROFESSIONAL LIABILITY

COMPANY ADDITIONAL RULES  
Human Services Professional Liability

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**1. Human Services Professional Liability Coverage Form (occurrence form) 421-0542**

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This coverage form provides professional liability coverage on an occurrence basis for Human Services Organizations.

**Pricing: See attached rating tables**

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**2. Human Services Professional Liability Coverage Form (claims-made) 421-0544**

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This coverage form provides professional liability coverage on a claims-made basis for Human Services Organizations.

**Pricing: See attached rating tables**

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**3. Additional Insured Endorsement 421-0547**

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This optional endorsement allows the scheduling of additional insureds under the professional liability coverage form (s) when the Human Services Organization and the additional insured have agreed in a written contract or agreement that such person or organization be added as an additional insured under the professional liability coverage form (s).

**Pricing: There is no charge for this endorsement.**

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**4. Psychiatrist Professional Liability Coverage 421-0546**

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This optional endorsement provides professional liability coverage for psychiatrists under the professional liability coverage form (s).

**Pricing: See attached rating tables**

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**5. Optional Extended Reporting Period (1 Year) 421-0596**

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This endorsement is required when the insured purchases the 1 year optional extended reporting period endorsement.

**Pricing: 35% of the annual policy premium**

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**6. Communicable Disease Exclusion 421-0599**

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This optional endorsement amends the policy to exclude communicable disease when the rates for the class of business do not contemplate the exposure.

**Pricing: There is no charge for this endorsement.**

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**7. Arkansas Amendatory Endorsement (Claims Made) 421-0621**  
**Arkansas Amendatory Endorsement (Occurrence) 421-0622**

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These mandatory endorsements revise policy provisions to meet state requirements.

**Pricing: There is no charge for these endorsements.**

## Professional Liability Rating Summary

Basic Limit 25,000/50,000

	Exposure Grading	Light	Medium	High
	Each Agency	275	400	750
	Each Residential Facility	75	150	250
<b>Professional:</b>	Doctorate Degree (Psychologist), Therapist			
	Nurse	250	500	750
	Graduate Degree - MA Licensed Social Worker, Sociologist	50	75	150
	Other Counselor, Social Worker	30	50	75
	Teacher, Nutritionist, Resident Manager	20	30	55
	*Contingent Psychiatrist		750-1,200	
	*Primary Psychiatrist		8,000-12,000	

## Claims-Made Multiplier

Years in Claims-Made	Factor
1	0.70
2	0.83
3	0.89
4	0.91
5 or more	0.95

## Professional Liability Exposure Grades

### Incidental (No Charge)

Information and Premium Services  
Fund Raising Organizations  
Volunteer Recruitment  
Recreational Programs  
Art/Music Instruction  
Client Advocacy Organization (No ind. Clients)

### Light

Marriage and Family Counseling  
Individual Counseling (Stress, Career, etc)  
Peer Counseling with Professional Supervision  
Cultural/Linguistic Assimilation Programs  
Day Care of In-Home Assistance to Elderly  
Independent Living  
Vocational Education/Sheltered Workshops

### Medium

Homeless Counseling/Shelters  
Hotlines (Not Crisis Intervention)  
Day Care Centers/Schools (Head Start)  
Visiting Nurse  
Counseling Developmentally Disabled  
Residential Developmentally Disabled  
Respite Care  
Mental Health Counseling for Emo. Disturbed (Not Violent)

### High

Counseling/Residential - Battered Women  
Counseling/Residential - Abused Children  
Counseling/Residential - Drug Abusers  
Residential Care for Children  
Foster Care  
Adoption  
Crisis Intervention

Rates apply per full-time employee or volunteer (use 0.50 for part-time)

Increased limits factors to apply - ISO Prem/Oper CGL Table 1

**\*When rating for Psychiatrist contingent only, use "A" rate of \$750-\$1200 depending upon risk quality. (Use high exposure grading by default with psychiatrist). Rates shown are for \$1,000,000/\$1,000,000 limits and are not subject to Increased Limits Factors. Refer to company for additional limits options and pricing.**

**\*When rating for Primary Psychiatrist, use "A" rate of \$8000-\$12000 depending upon risk quality. (Use high exposure grading by default with psychiatrist). Rates shown are for \$1,000,000/\$1,000,000 limits and are not subject to Increased Limits Factors. Refer to company for additional limits options and pricing.**

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Project Name/Number: Professional Liability; Human Services/PR-CW-08522-01R

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Filed	09/23/2008
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**Comments:**

Transmittals are attached.

**Attachments:**

AR P&C Trans Document - RatesRules.pdf  
RateRule Schedule.pdf

<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	<b>Review Status:</b>	Filed	09/23/2008
<b>Bypass Reason:</b>	Not applicable to this filing.			
<b>Comments:</b>				

<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b>	Filed	09/23/2008
<b>Bypass Reason:</b>	Not applicable to this filing.			
<b>Comments:</b>				

<b>Satisfied -Name:</b>	Rate Rule Explanatory Memorandum	<b>Review Status:</b>	Filed	09/23/2008
<b>Comments:</b>	Rate Rule Explanatory Memorandum is attached.			
<b>Attachment:</b>	Human Services Professional Liability Explanatory Memo (rz) edited.pdf			



**Property & Casualty Transmittal Document**

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	The Hanover Insurance Group				<b>Group NAIC #</b>	0088
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>		
The Hanover Insurance Company	NH	22292	13-5129825			
Massachusetts Bay Insurance Company	NH	22306	04-2217600			
Hanover American Insurance Company	NH	36064	04-3063898			

<b>5. Company Tracking Number</b>	PR-CW-08522-01R
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Ann-Marie T. Blute 440 Lincoln Street Worcester MA 01653	Senior State Filings Consultant	508-855-3234	508-855-4786	ablute@hanover.com
<b>7. Signature of authorized filer</b>		<i>Ann-Marie T. Blute</i>		
<b>8. Please print name of authorized filer</b>		Ann-Marie T. Blute		

**Filing Information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	17.000; Other Liability			
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.0019; Professional Errors and Omissions Liability			
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	N/A			
<b>12. Company Program Title (Marketing Title)</b>	N/A			
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
<b>14. Effective Date(s) Requested</b>	New:	10/11/2008	Renewal:	10/11/2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>16. Reference Organization (if applicable)</b>	N/A			
<b>17. Reference Organization # &amp; Title</b>	N/A			
<b>18. Company's Date of Filing</b>	09/11/2008			
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	PR-CW-08522-01R
<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Effective October 11, 2008, for both new and renewal policies, our companies wish to file the attached rates and rules for use with new endorsements in our Professional Liability Program. The filing will apply to both monoline and package policies. The corresponding forms have been filed on this same date under filing number PR-CW-08522-01F.

Hanover Insurance Group, in an effort to further address the needs of our policyholders, has developed a variety of Professional Liability coverage endorsements to address the needs of Human Services organizations. Human Services agencies offer a wide range of services to families and individuals including: adoption services, developmental disabilities services, mental health services, community programs, and aging and youth services.

The following rate and rule exception page is enclosed for filing:

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Professional Liability written premium is unavailable; therefore, we have provided total General Liability written premium within the SERFF Rate/Rule Schedule tab.

If you should have any questions or require additional information, please do not hesitate to contact this office. Thank you for your time and attention to this matter.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> <b>Check #:</b>      <b>N/A - EFT</b>  <b>Amount:</b>     <b>\$125</b> </div> <div style="text-align: center; margin-top: 100px;"> <b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b> </div>	

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

## PROPERTY & CASUALTY RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	PR-CW-08522-01R
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	PR-CW-08522-01F
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☐ Rate Increase
 ☐ Rate Decrease
 ☒ Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)
Hanover Insurance Company	0	0	0	0	\$29,839 (GL)	0	0
Massachusetts Bay Insurance Company	0	0	0	0	\$34,602 (GL)	0	0
The Hanover American Insurance Company	0	0	0	0	0	0	0

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)

	<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>		
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		COMPANY USE	STATE USE
<b>5a.</b>	<b>Overall percentage rate indication(when applicable)</b>	N/A	
<b>5b.</b>	<b>Overall percentage rate impact for this filing</b>	N/A	
<b>5c.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>	N/A	
<b>5d.</b>	<b>Effect of Rate Filing - Number of policyholders affected</b>	N/A	

<b>6.</b>	<b>Overall percentage of last rate revision</b>	N/A
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<b>7.</b>	<b>Effective Date of last rate revision</b>	N/A
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<b>8.</b>	<b>Filing Method of Last filing</b> (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Division 6 - Exception Pages – Arkansas - Professional Liability - Company Additional Rules - Human Services Endorsements. 09 08 ed. Pages 1-2	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

**Hanover Insurance Companies**  
**Actuarial Explanatory Memorandum**

**HUMAN SERVICES PROFESSIONAL LIABILITY COVERAGE**

Rates for the Human Services Professional Liability Coverage & Endorsements were selected based on a review of Philadelphia Indemnity Insurance Company rates, rules, and forms.

The intent of the coverage provided by our forms was determined to have no material differences from the coverage offered by Philadelphia. For that reason, the Hanover proposes to adopt a rates and rating methodology that match Philadelphia for this coverage.

This coverage will be an optional coverage and therefore does not have a rate effect on our inforce book of business.